CITY OF ELK RIVER SAFETY COMMITTEE ACCIDENT REVIEW SUMMARY FORM

NAME (this will not be given to Safety Committee):	DEPARTMENT:
	Police – 2 employees

ACCIDENT INFORMATION

DATE (OF ACCIDENT):	Тіме:
7/7/16	5:30 p.m.
LOCATION:	Type of Vehicle (if involved):
1111 School Street	
INJURY? (YES OR NO)	WORK COMP CLAIM FILED? (YES OR NO)
Bloodborne Exposure	Yes
PROPERTY DAMAGE? (YES OR NO. IF YES, DESCRIBE)	
No	
NATURE OF ACCIDENT (be specific, include work activity at time of accident): Arrested suspect spit in employee's faces.	
ENVIRONMENTAL FACTORS:	
None	
UNSAFE CONDITIONS:	
None	
ACTION TAKEN:	
Used alcohol wipes to wipe face and washed when	nen able.

SAFETY COMMITTEE RECOMMENDATION (to be filled out by Committee):

Katie Haase inquired as to whether or not the employees were tested after the incident. John Cunningham informed her that the risk of being infected is minimal due to the fact that there was no blood present during the incident. Dave Dummer inquired about whether or not there were laws in place regarding testing of suspects during bloodborne pathogen incidents. John indicated that there are laws in place for first responders and he will provide this information to Dave after the meeting. The Safety Committee did not have any recommendations. (July 20, 2016 meeting)

s:\safety\forms\accident review form\accident review summary form.doc